ANNUAL REPORT

of the

CANCER TREATMENT and RESEARCH FOUNDATION

of

NOVA SCOTIA

APRIL 1, 1984 to MARCH 31, 1985

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CHAIRMAN'S REMARKS

Hon. Ronald Russell
Minister of Health
Province of Nova Scotia

Dear Mr. Russell:

I am please to submit the Third Annual Report of the Cancer Treatment & Research Foundation of Nova Scotia for the year ending March 31st, 1985.

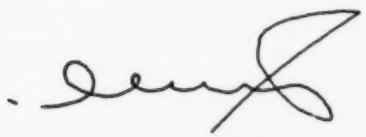
Although our Foundation has only been in existence a short time, I believe that our experience to date confirms that it is the proper vehicle to carry out the province-wide thrust in cancer treatment and research. As might be expected, the Foundation has experienced "growing pains" from time to time and, with that, the corresponding need in the Foundation to develop a "oneness" in purpose and direction.

The Board of the Foundation, through the Patient Services Committee, this past year conducted an in depth examination of the Foundation's operations which involved input from all departments and divisions within the Foundation. The end result of the study was the approval of the Board of a mission statement and guidelines for our clinic operation as well as certain administrative changes designed to increase the effectiveness of the Foundation in meeting its mandate. I am confident that the course we have taken as a result of this study will serve the Foundation well through the years ahead.

There may well be some who feel our research effort is less than satisfactory, but resources limit the scope with which we can fully develop thrust beyond our present programming.

In the coming year I expect that our attention will be focused on completing the establishment of satellite clinics in Yarmouth and Sydney, both of which programs are at the present at varying degrees of development.

I wish to publicly acknowledge with pride the dedication of our Foundation people, irrespective of their professional calling or discipline. They are, in fact, the heart and soul of our program and in my view they discharge their roles in a superlative manner. I would like to single out for particular mention the leadership and dedication of Dr. D.H. Thomson, our Executive Director - Medical, and Mr. Harry Churchill, the Executive Director - Administration.



C.H. Durland
Chairman.

FOUNDATION

Mr. Clare Durland, Q.C. — *Chairman*
Mrs. Florence Stevens
Mr. Gerald Martin
Mrs. Marlene Grantham
Mrs. Mary Ray
Mrs. Jans Henderson
Dr. Peter Jackson
Mr. William Gilbert
Dr. Emerson Moffitt
Dr. W. Carl Tupper
Mr. Peter MacKeigan
Miss Shulamith Medjuck
Dr. William Butt

COMMITTEES

EXECUTIVE COMMITTEE
Mr. C.H. Durland — *Chairman*
Mrs. F. Stevens
Dr. D.H. Thomson
Mr. H.J. Churchill

FINANCE AND PERSONNEL COMMITTEE
Mrs. F. Stevens — *Chairperson*
Mr. P. MacKeigan
Dr. W. Butt
Mr. C.H. Durland

COMMUNICATIONS COMMITTEE
Mr. G. Martin — *Chairperson*
Mrs. M. Ray
Mr. S. Hardy
Dr. D. White
Mr. H. Churchill

RESEARCH COMMITTEE
Dr. E. Moffitt — *Chairperson*
Dr. W.C. Tupper
Dr. A. Thomson
Dr. J. Aquino
Dr. D. Thomson
Dr. A. Pyesmany

PATIENT SERVICES COMMITTEE
Mr. C. Durland
Mr. W. Gilbert
Dr. P. Jackson
Dr. D.H. Thomson
Mr. H. Churchill

MEDICAL ADVISORY COMMITTEE
Dr. D.H. Thomson
Dr. Michael Cook
Dr. S. Awad
Dr. G.A. Lawrence
Dr. R.H. Burnett
Dr. S.M.A. Naqui
Dr. R.J. Bedard
Dr. R. Anderson
Dr. S.C. Robinson
Dr. D.A. Gillis
Dr. V.W. Ing
Dr. B. Perey
Dr. J.D. Black
Dr. A. Pyesmany
Dr. G.P. Konok
Dr. J.M. O'Brien
Dr. M.R. Rajani
Dr. J.W.I. Morse
Dr. T.B. Murphy
Dr. J. Haldane

EXECUTIVE DIRECTOR'S ADVISORY COMMITTEE

Dr. D.H. Thomson
Dr. O. Wong
Dr. D. White
Dr. J. Aldrich
Dr. R.C. Fraser
Dr. P. Belitsky
Dr. F. Wong
Dr. G.W. Bethune
Dr. J.B. Ross
Dr. L.A. Fernandez

HALIFAX CANCER CLINIC
MEDICAL STAFF

DERMATOLOGY
Dr. J. Klotz
Dr. A.H. Murray
Dr. J.B. Ross

GYNAECOLOGIC ONCOLOGY
Dr. R.C. Fraser
Dr. S.C. Robinson
Dr. M.G. Tompkins
Dr. C. Tupper

MEDICINE
Dr. B.W.D. Badley
Dr. S.F. Bedwell
Dr. L. Fernandez
Dr. J.D. Gray
Dr. O.A. Hayne
Dr. V.W. Ing
Dr. R.L. Kirby
Dr. P.L. Landrigan
Dr. G.R. Langley
Dr. D.J. MacIntosh
Dr. J.M. MacSween
Dr. T.J. Marrie
Dr. J.J.P. Patil
Dr. J.L. Sapp
Dr. W.F. Schlech
Dr. A.H. Shears
Dr. B.L. Sheridan
Dr. C.N. Williams

MEDICAL ONCOLOGY
Dr. D.F. White
Dr. R. Wierzbicki

RADIATION ONCOLOGY
Dr. D.H. Thomson
Dr. R.M. Cunningham
Dr. J.F. Filbee
Dr. O.S. Wong
Dr. L.A. Garcia-Nicoletti (To December 31, 1984)
Dr. B.H. Jo
Dr. C. Shea

SURGERY
Dr. D.C.G. Bethune
Dr. G.W. Bethune
Dr. A. Bodurtha
Dr. C. Bugden
Dr. M.T. Casey
Dr. J.H. Charman
Dr. J.P. Curry
Dr. C.H. Graham
Dr. W. Henderson
Dr. G.P. Konok
Dr. A.S. MacDonald
Dr. A.C. MacDonald
Dr. D.E. Morris
Dr. D.W. Nicholson
Dr. S.T. Norvell
Dr. B.J. Steele
Dr. J.K. Purves
Dr. P. McDermott

UROLOGY
Dr. R.B. Auld
Dr. S.A. Awad
Dr. P. Belitsky
Dr. W.A. Ernst
Dr. F.G. Mack
Dr. R.D. Schwarz
Dr. S. Yoon

NEUROSURGERY
Dr. R.O. Holness
Dr. W.J. Howes

OTOLARYNGOLOGY
Dr. G.M. Novotny
Dr. F.S.H. Wong

ORGANIZATION

ADMINISTRATION

Dr. D.H. Thomson
- Executive Director - Medical
Mr. H.J. Churchill
- Executive Director - Administration
Miss A. Titus
Mrs. N. Sims
- Secretaries
Mr. G. Hatcher
- Office Manager

Mrs. C. Allen
Mrs. J. Hampden
Miss M. Haase
Miss T. Lipskey
Miss T. Grandy
Mrs K. White
Mrs. B. Spellman
- Support Staff
Mrs. M. Penny
- Cancer Society Patient Services Program

The accompanying departmental and division reports will indicate the activities of the Foundation during the year ending March 31, 1985. This is the first year when all the new facilities were in use and the Foundation in full operation.

The Board considered and approved changes in policies and direction for the Foundation. A "Research Policy" was adopted, outlining guidelines for researchers seeking funds. At the present time the Foundation does not solicit funds for specific research projects.

Dr. Thomson and Mr. Churchill visited Yarmouth and Sydney and met with physicians in each area. It provided an opportunity to find out what they would like to see the Foundation do with regard to clinics and services in their areas.

Additions to our medical staff during the year included: Dr. R. Wierzbicki, Medical Oncologist; Dr. B.H. Jo, Radiation Oncologist; and Dr. C. Shea, Clinical Associate. Dr. R.A. Garcia-Nicoletti resigned from the Foundation, effective December 31, 1984. All members of the Foundation were saddened by his sudden death in early 1985.

The Board commenced a review of the Foundation's organization and services. Staff members were asked their opinions, surveys were made with other cancer agencies, and the Chairman met with various groups to discuss the Foundation. The recommendations of this review will be presented to the Board in the coming year.

The annual meeting of Provincial Cancer Agencies was held in Vancouver. As in the past, the sharing of information and discussions in areas of mutual interest proves to be of great value. The 1986 meeting will be hosted by our Foundation.

The Board committees were active during the year. In particular, the Communications Committee recommended the producing of a Newsletter that would inform readers of Foundation programs, services, and staff. They also have undertaken the revisions of the Foundation's pamphlets. The Patient Services Committee co-ordinated the review of the Foundation.

Administration of the Foundation established a Records Committee, Patient Information System Committee, and a Clinical Research Committee to provide an ongoing liason and coordination of programs and services within the Foundation.

Near the end of the year, the Head Office moved from Spring Garden Road to be adjacent to the Clinic, located in the Dickson Building. This move has proven to be very beneficial.

The Dartmouth East Rotary Club presented the Clinic with a Neo-Promar micro-projector. This instrument is used for patient assessment and diagnosis, as well as for teaching and conferences.

Report of the Executive Director

The past year has been a very active one for the Cancer Treatment and Research Foundation of Nova Scotia. Self-examination has replaced satisfaction and we are in the process of reviewing our aims and objectives and taking appropriate action.

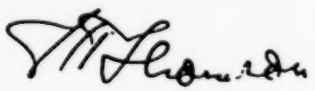
We have been most fortunate in adding to our medical staff; Dr. Rafal Wierzbicki to the Department of Medical Oncology, Dr. Beng-Hoey Jo to the Department of Radiation Oncology, and Dr. C. Shea as a Clinical Assistant.

The Provincial Cancer Registry has been upgrading and utilizing the CyCare Patient Information System and is now registering, accurately, the cancer incidence in Nova Scotia.

The Clinical Research Program has continued to florish. We are actively involved in the Canadian National Cancer Institute Trials Program and in the National Childrens Study Group of the U.S.A. Several members of the medical staff are members of committees and sub-committees of the National Cancer Institute and we are now well represented on many national committees of scientific associations and societies and of the Federal Government. The report of the Medical Physics Department indicates the activity in basic and developmental research, and for this motivation they must be complimented. Additionally, we have been actively invoived in the clinical use of hyperthermia with both radiation therapy and chemotherapy in the Halifax Infirmary.

The Selectron Remote Control Afterloading System has been installed in a special area provided by the Victoria General Hospital under the supervision of the medical and physics staff of the Foundation.

All departments and divisions within the Foundation are operating smoothly with the care and comfort of the patient foremost in mind. I am pleased to say the members of the staff of the Foundation have continued to show dedication and interest in their work which has not diminished during the past twelve months.



Dr. D.H. Thomson, M.B., F.R.C.P.(C)
Executive Director

Foundation Patients Seen At Halifax Clinic
April 1, 1983 - March 31, 1985

YEAR	NEW PATIENTS			NUMBER OF PATIENTS VISITS		
	Malignant	Benign	Total	Clinic	Radiation	Chemotherapy
Apr. 1, 1983 March. 31, 1984	1771	299	2070	15,145	19,049	250 (2 months)
Apr. 1, 1984 Mar. 31, 1985	1524	278	1802	12,862	20,964	1,704

PROVINCIAL CANCER REGISTRY

Year	No. Of New Patients Registered	No. Of Pts. Unregistered	No. Of Second Primaries	Total
Apr. 1, 1983-Mar. 31, 1984	1925	930	198	3053
Apr. 1, 1984-Mar. 31, 1985	4359		337	4696

PATIENTS TREATED BY RADIATION

TYPE OF TREATMENT	NO. OF PATIENTS		NO. OF TREATMENT VISITS	
	Apr. 1/83-Mar. 31/84	Apr. 1/84-Mar. 31/85	Apr.1/83-Mar. 31/84	Apr. 1/84-Mar. 31/85
X-Ray	142	158	739	649
Linear Acc (operational Mar 24. 1983)	392	659	5,990	9,759
Cobalt	1,027	1,027	11,951	10,175
Gold Seed	60	42	60	42
Cesium	108	140	117	143
Beta Ray	43	45	60	61
Other (P32, I131)	132	135	132	135
Total	1,904	2,206	19,049	20,964

DATA PROCESSING DEPARTMENT

J. Smith - *Co-ordinator*
A. Kyte - *Date Control Clerk*

In the latter part of 1983 the Foundation acquired a mini-computer and associated software to provide an on-line Patient Information System for use within the clinic. The Data Processing Department was established in the 1984-1985 fiscal year to co-ordinate the installation of the computer and the implementation of the various applications involved.

The first application available was the Patient Enrolment/Case Registration function which allows sociological and diagnostic data to be captured for each patient either seen at the Clinic or registered via the Provincial Cancer Registry function. The first step in the overall process was to build a comprehensive on-line index of patients (both Clinic and Registry) to replace the existing manual card index system. The main area to benefit from this on-line index was Medical Records where there was substantial reduction in the manual effort involved in relation to statistical surveys, chart searches, name searches etc.

The process of building the master index was complicated by the fact that all previous systems were totally manual (i.e.: all data had to be keyed by data entry staff prior to loading) and the four areas amalgamated when the Foundation was created (Tumor Clinic, V.G. and Infirmary Radiotherapy Departments and the Provincial Cancer Registry) each used separate charts and their own unique numbering system. Thus the building of the "Master Patient Index" involved not only a data entry process but a manual integration of charts as well. Although a fairly accurate base of patient data was available last year and as early as June 1984, we are still in the process of loading historical information from several sources (V.G. and Infirmary departments and the Provincial Cancer Registry via tapes from Statistics Canada). This historical information is necessary to satisfy the numerous requests for statistical/epidemiological information received by the Registry area on an ongoing basis.

Concurrently, with the loading of historical data, we are also actively involved with generation of the Annual Incidence Report (a package being developed by CYCARE specifically for the Foundation) and the implementation of three (3) new applications:

- Patient/Resource Scheduling
- Medical Services Reporting
- Letter Follow-up

Each new application involves much planning and co-ordination between various clinic areas and frequently existing manual processes have to be modified and/or upgraded to better facilitate computerization.

The major goals for the 1985-1986 fiscal year will be:

- to generate Cancer Incidence Reports for 1982 through 1985 as well as corresponding tapes of this data for Statistics Canada.
- to have Patient/Resource Scheduling up and running for the numerous clinics held at the Foundation as well as for the full time physicians working here.
- to initiate a comprehensive Medical Services Reporting function to capture medical and statistical data on each visit made by a patient to any doctor/clinic within the Foundation.
- to expand our base of historical patient and diagnostic information to encompass the years 1964 through 1985 thus enabling generation of timely and more accurate reports in response to surveys, studies and other statistical needs.

DIVISION OF GYNAECOLOGIC ONCOLOGY

Dr. R.C. Fraser, *Co-ordinator*
Dr. M.G. Tompkins
Dr. C. Tupper
Dr. S. C. Robinson

General Information:

The Gynecologic Oncology Disposition Clinics are held each Tuesday and Friday morning from 10 a.m. until 11 a.m. During the past year the Disposition Group evaluated 202 newly diagnosed patients with gynecologic malignancy. An additional 106 patients were presented for discussion, but for various reasons were not examined by the Group. These 308 patients all required decision with recommendations for implementation concerning their disease and/or complications of it or its therapy.

Our Follow-up Clinics held also on Tuesday and Friday accommodated 1740 patient visits during last year. The multi-disciplinary treatment planning approach continues to be our approach for patients referred to our group for evaluation.

Research - Education:

Clinical research continues to be an ongoing activity of this division. Dr. Linda Stirk, a gynecology resident, following three months on the Gynecologic Oncology Service, presented to the Gynecologic Oncology Society of Canada at their annual meeting our data concerning "Multi-Modal Therapy for Ovarian Cancer".

Dr. Bruce Flemming, Radiologist in the Department of Radiology at the Victoria General Hospital, presented to the Canadian Association of Radiologists at the annual meeting in Toronto, the study he has been involved with in addition to our group entitled, "The Role of Lymphangiography and Computerized Axial Tomography Scanning in Early Cervical Cancer."

The National Cancer Institute Clinical Trials Group concerned with ovarian cancer continues to develop and implement new protocols as the need arises., Currently, the Ovarian 6, 7, and 8 A Protocols have been implemented during this past year. With our continued involvement in such protocols, we ensure our patients of up-to-date therapy as we explore new ways to achieve better results in a structured fashion. It is envisioned in the very near future that an Ovarian 8 Protocol will also be implemented, replacing the 8A.

Mrs. Mary Trott, the Division's Nurse Coordinator, whose primary function is involvement with patients entered into the National Cancer Institute Trials in Ovarian Cancer, functions at both the in-hospital Gynecologic Oncology Unit and our out-patient facilities in Nova Scotia Cancer Treatment and Research Foundation. Mrs. Trott was priviledged to attend a two week workshop in Gynecologic Oncology at the University of Texas, M.D. Anderson Hospital and Tumor Institute in December 1984, This was possible by a generous grant from the Nova Scotia Division of the Canadian Cancer Society.

Manpower:

We in the Division are looking forward to the arrival of Dr. John Jeffrey who will join the Department of Obstetrics and Gynecology at Dalhousie and become a consultant and member of the Division of Gynecologic Oncology of that Department and the Nova Scotia Cancer Treatment and Research Foundation. Upon Doctor Jeffrey's arrival, Dr. Carl Tupper, who has given many years of dedicated service initially to the Nova Scotia Tumor Clinic, and presently to the Foundation, will reduce his comittment to our Division. We in the Foundation, and particularly within our Division, will miss Doctor Tupper's willing friendship, dedication and expertise. We wish him well in the years ahead.

Paramedical Support Services:

The Division of Gynecologic Oncology within the Foundation continues to promote and provide necessary support services for our patients. This includes such benefits as nutritional counselling, social services assessment and the participation of volunteers, both of the Nova Scotia Division of the

Canadian Cancer Society and the Diana Blakeney Guild. We continue to encourage our support staff to suggest new ways in which we can provide better service for our patients. As we continue to explore and develop the concept of continuity of care between our Foundation Follow-up and Disposition Clinics and our in-patient Victoria General Hospital Gynecologic Oncology Unit services, cross attendance at various meetings and clinics have been achieved during this years. This tends to promote unity and bring much comfort to all patients.

Administration:

Negotiations continue between the Administration of the Nova Scotia Cancer Treatment and Research Foundation and the Department of Obstetrics and Gynecology of Dalhousie University regarding the functional integration and continuing development of the Division of Gynecologic Oncology.

Appreciaiton:

I would like to express our appreciation to the Nova Scotia Cancer Treatment and Research Foundation Administration and staff for their cooperation during this year and that anticipated in the future. In addition, we thank all physicians in this province and those of our neighbouring provinces who support our programs and encourage us to develop new approaches in order to benefit their patients with gynecologic cancer.

HEALTH RECORDS DEPARTMENT

Health Record Administrators	**Thelma Croucher,** *Head* Beverley Kaulback-Lewis, *Supervisor* Jean James Karen Starratt
Health Record Technologists	Glenys Jackman Connie Woodland - *Term Position*
General Records Office	Ann Cooper Gail Deveau Beverley MacMillan Brenda Redmond Judy Swinamer
Provincial Cancer Registry	Clerise Smith
Reception and New Patient Referral	Joyce Christie Linda Eisenhauer Arlene MacDonald - *Term Position*
Medical Secretaries And Transcription	Michele Dempsey Mary Hutchins Bertha Furlong Florence MacKenzie Sheila Richardson Elizabeth Ypelaar Dale Tibbo
Department Secretary	Yvonne Van Dyk
Integration Staff	Janet Ferguson Tessa Giffin Murdell Hall *Term positions* Susan MacVittie Rosalee Walker

Activities

The Patient Information System went 'live' on June 4, 1984, initially with the Patient Enrollment segment - consisting of a file of 55,000 records. In the fall of 1984. Case Registration began, from both a clinic and registry aspect.

Early in 1985, the department acquired space for a second File Room which was close to Records Office for retrieval purposes. All charts, alive or expired, from 1953 to the present day, are stored on-site - this equates to approximately 75,000 charts.

On March 27, 1985 the first Foundation Medical Record Committee Meeting was held. This is viewed as a needed link for our department, in particular, and for the Foundation in general.

During the fiscal year a Patient Enrollment/Case Registration User Group was established and is chaired by our department. Monthly meetings are held to discuss matters of a system related nature.

As in previous years, our department was involved with several tours throughout the year and also with students, from both the Halifax Infirmary Health Record School and the Foundation's Radiation Technology School.

Records Office.

In August 1984 new computer-compatible furniture was installed for use by one-half of staff within this area. This has improved the space efficiency of the area and has allowed staff ease-of-access to terminals.

On a weekly basis, 735 incoming reports are processed; approximately 340 charts prepared for clinic and audited post clinically, with all new cases being coded according to ICDO, and case registration process completed on the system.

On a monthly basis 5,000 charts are handled for both treatment and clinic visits, as well as requests and surveys.

Provincial Cancer Registry

The new Provincial Cancer Registry form designed for use by provincial medical records departments and doctors has proven effective and data is being received on a much more current, regular basis. Methods of capturing and matching Cancer Registry data, including Pathology Reports and Death Registration, were studied and procedures upgraded to meet current needs. The services of an epidemiologist, on a part-time basis, was acquired to study flow processes in relevance to the Registry.

Discussion began with Newfoundland regarding the development of an 'Atlantic Provinces Meeting of Registries; to date, there is no further progress to report in this regard.

Patient Reception/Appointment Scheduling/Patient Interview

The reorganization of these three areas have resulted in the staff assuming unique duties, as opposed to the former overlapping ones and creation, on a term basis, of an interview/relief clerk. Two terminals are now in place; one for patient interview and inquiry; a second terminal is available for scheduling - it is hoped to start adding scheduling data in the near future.

Approximately 1,000 patients are registered at the clinic each month; 800 return appointments are scheduled and 100 patients are interviewed. All referral/consultation patients are pre-registered on system. On all new patients and patients where there are I.D. data changes required, new face sheets and addressograph cards are created automatically by the system - thus doctor has current data when he sees the patient in clinic.

Secretarial Area

Staff in this area transcribe the dictated notes generated by the doctors for whom they work as well as transcribing notes from the clinics which consultants attend. A 24-48 hour dictation/transcription turnaround time has been maintained. After doctor's signature, copies of notes are sent to family/referring doctors involved in patient care.

DEPARTMENT OF MEDICAL ONCOLOGY

D.F. White, M.D., F.R.C.P.(C), Department Head
R. Wierzbicki, M.D., F.R.C.P. (C)

The activity in the Department of Medical Oncology has increased over the past year in terms of numbers of patients assessed and treated, both here in the Cancer Foundation Clinic, the Victoria General Hospital, the Halifax Infirmary, and Camp Hill Hospital.

The Cooperative Chemotherapy Program has continued to be an important aspect of the provision of service to patients with cancer in the province. This involves considerable time, usually on the telephone, in consultation with local physicians and surgeons to provide the expertise necessary to allow for the provision of chemotherapy within local treatment facilities.

The process of standardization of treatment programs is continuing.

A number of cooperative programs with other clinical departments in the Halifax Clinic continue. The concept of disease orientated clinics is supported by the Department of Medical Oncology in the activiation of the Soft Tissue Sarcoma Clinic with representation from Medical Oncology, Radiation Oncology, Orthopedics, and General Surgery.

The department actively supports clinical research having instituted several phase 2 studies potentiated by Dr. Wierzbicki's involvement as the Halifax representative on the New Agents Subcommittee of the National Cancer Institute of Canada Clinical Trials Group. There are a multiplicity of studies ongoing, with particular emphasis at this time in the area of breast cancer, but with a continued involvement in treatment protocols in bronchogenic carcinoma.

With the continued support of the nursing staff, it has been possible to be involved with the provision of an increasing number of treatments for out-patients. The nursing staff has also served as an educational resource for the development of chemotherapy nursing programs within the Victoria General Hospital.

The recent availability of a clinical associate has been critical in the provision of in-patient chemotherapy programs within the Victoria General Hospital.

The staff of the Department of Medical Oncology look forward to the acquisition of further members in the near future to allow the department to cope more efficiently with the increasing workload.

MEDICAL PHYSICS DEPARTMENT

Director
Dr. John Aldrich

Senior Physicist
Dr. John Andrew

Physicists
Mr. Fan-Shih Chen
Mr. Cupido Daniels
Mr. Narayan Kulkarni
Dr. Stuart Jackson
Mr. Jed Schroeder

Ass't Radiation Safety Officer
Mrs. Pauline Jones

Electronics Technologist
Mr. George Matthews,

Treatment Planning Technologists
Mrs. Joleen Orr
Mrs. Linda Purcell

Machinist
Mr. Ian Porter

Radium Curator
Mrs. Peggy Wilson

Mould Room Assistant
Mrs. Pauline Benoit

Secretary
Mrs. Sandra Fox

During the year the Selectron Remote Afterloading System was installed and became operational. This system, which at the moment is used excusively for the treatment of gynaecological malignacies, completely eliminates radiation exposure to Foundation and nursing staff who are looking after the patient.

For the rest of the major equipment for which we are responsible, this year has been one of consolidation. Regular and, in some cases, daily monitoring of the radiotherapy machines has enabled work to continue with very little unforeseen 'down time'. Complete servicing of the Therac-6 linear accelerator has been taken over by the department and a major overhaul of the collimation on this accelerator is underway to make transfer of treatments between accelerators easier and to allow greater flexibility.

Considerable effort was put into developing a protocol using the 5 MeV electron beam from the Therac 25 linear accelerator to treat patients with mycosis fungoides. This entailed computer simulations, numerous measurements, and construction of a turntable on which the patient is treated. So far three patients have received these whole body treatments, one each from Prince Edward Island, New Brunswick and Nova Scotia. Being able to treat patients at our Clinic results in considerable cost saving for them as they no longer have to bear the cost of several trips to Ontario. several trips to Ontario.

With the help of the Victoria General Hospital, we were able to completely renovate the radioisotope laboratory in the basement where we keep all our high activity radiation sources. The facility includes a fume hood in which radioactive solutions may be manipulated, and monitoring equipment, as well as an area for the decay of radioactive waste.

With increasing use of CT data for treatment planning, the radiotherapy treatment planning software has been modified so that the CT information is more accurately taken into account. The thermoluminescence dosimetry system has also been modified so that the data is now processed by a microprocessor, enabling accuracies of about 1% to be achieved.

Our development work on the optimization of radiotherapy port films has come to fruition in a cassette now manufactured by Radiation Measurements Inc. of Wisconsin. The Foundation will receive approximately $20.00 for each RMI Aldrich Portal Film Cassette Model 435 sold.

Several members of staff have been involved in national organizations. This year Dr. John Andrew was Chairman of the Medical and Biological Division of the CAP, Mrs. Joleen Orr was a representative on the Continuing Education committee of C.A.M.R.T. and Dr. Stuart Jackson is President of the Atlantic Nuclear Medicine Group.

One area of the department's work which is often overlooked is that of Radiation Safety. The department is directly responsible for radiation safety in the Foundation, the teaching hospitals in the city, and Dalhousie University.

The Medical Physics lecture series has continued and has been attended by many members of the Foundation as well as outside organizations. Member of the department gave lectures at provincial and national conferences and published a number of papers.

DIVISION OF MEDICINE

Dr. L.A. Fernandez - *Co-ordinator*
Dr. G.R. Langley
Dr. B. Sheridan

Patients referred to this clinic were seen by Dr. L.A. Fernandez since Drs. G.R. Langley and B. Sheridan were on sabbatical. The majority of patients were managed for hematological neoplasia. Since patients with hematological neoplasia were also seen by other physicians, there is a move afoot to combine the expertise of all consultants, so that a combined clinic will be held in future.

Chemotherapy for patients is given by nurses and, hopefully, in the future they will also do phlebotomy (a form of blood letting) for patients who have increased red cells with some disease states.

NURSING DEPARTMENT

Supervisor
Virginia Teasdale

R.N.'s
Virginia Bradford
Allison Buntain
Jasmine Buisseret
Anna Cake
Trudy Gordon
Anne Hammer
Barbara Grant
Ramona MacAskill
Wanda Raworth
Margo Stewart
Luella Woods

CNA's
Helena Burrell
Bonny Osgood

The Nursing Department has continued their prime goal of providing "quality patient care". The year was one of maintaining the level of services established under the Foundation.

Registered nurses joining the staff have completed the training program on the administration of cancer chemotherapeutic drugs. This program has been extended to interested nurses within the Victoria General Hospital and other institutions.

Oncology nurses are always available to answer questions of patients and their families on the treatment received and side effects that may occur. They also assist patients, who may require some form of assistance, by contacting various professional staff or agencies that are available.

The department continues to have nursing personnel, from hospitals in Nova Scotia, visit and review the techniques and procedures we follow for administering chemotherapy. This also provides them with an opportunity to be more knowledgeable of the Foundation and the various services we provide.

Anne Hammer and Trudy Gordon made a presentation on chemotherapy, to a workshop held by the Registered Nurses Association of Nova Scotia. We are very pleased to see the Oncology Nurses Association formed in Nova Scotia. Virginia Teasdale was involved in the planning meetings for this Association. We look forward to participating in programs and working with and for the Association.

The Foundation was saddened in March, 1985, with the sudden death of Nancy Rice. Nancy was a kind, caring nurse who was involved with cancer patients for many years.

DEPARTMENT OF RADIATION ONCOLOGY

Head, Department of Radiation Oncology
D.H. Thomson, M.B., Ch.B., D.M.R.T., F.R.C.P.(C), F.A.C.R.

Radiation Oncologist
R.M. Cunningham, M.D., D.M.R.T., F.R.C.P.(C)

J.F. Filbee, M.B., B.S., D.M.R.T., F.R.C.P.(C)

O.S. Wong, M.D., F.R.C.P.(C)

B. H. Jo, M.D.

Clinical Assistant
C. Shea, M.D.

During the year April 1, 1984 to March 31, 1985, the Department of Radiation Oncology has lost the services of D. L. A. Garcia-Nicoletti who resigned December 31, 1984. Doctor Jo, who trained in Edmonton, Alberta, joined our staff on January 1, 1985 as a replacement and as a result we have not added to our department strength. We are actively seeking to recruit another Radiation Oncologist.

The Radiation Oncology equipment is very adequate for our needs and, with the addition of the Selectron Remote Afterloading System, we are well able to provide excellence of care.

The trend towards referral of patients with an earlier stage of disease continues, as does the increase in the number of requests for opinions on newly diagnosed cases.

The staff of the department are now heavily involved in joint consultative clinices with the Divisions of Gynecology, Otolaryngology and Surgery. Additionally, when the daily clinics of the Foundation divisions are operating, a Radiation Oncologist is always available for joint consultation. The Radiation Oncologists continue to serve as the Department of Radiation Oncology of the Victoria General Hospital as they actively care for patients requiring in-hospital treatment. Additionally, they provide an active visiting consultative service to the Halifax Infirmary, the Izaak Walton Killam Hospital, Camp Hill Hospital, the Civic Hospital, the Dartmouth General Hospital, and Canadian Forces Hospital.

Treatment Planning Rounds to ensure quality control are held weekly as are Ward Rounds in conjunction with the Department of Medical Oncology.

Involvement in clinical research continues to increase with all members of the department involved in the National Cancer Institute Clinical Trials. Doctor Wong is the Radiation Oncologist cooperating in the National Childrens Study Group in Association with Pediatric Oncology in the Izaak Walton Killam Hospital, and Dr. John Filbee is the Radiation Oncologist involved in the hyperthermia research program which is centered in the Halifax Infirmary.

Departmental members are involved in undergraduate medical students, intern and residency teaching and electives are available for both undergraduates and interns. All final year dental students attend the Foundation to familiarize themselves with the newer methods of treatment and also to examine patients with malignancy of the oral cavity.

The department is well represented on committes of the Canadian Association of Radiologists, the Canadian Oncology Society and the Royal College of Physicians and Surgeons of Canada, in addition to the many committees of Dalhousie University and the Victoria General Hospital on which they serve.

D. H. Thomson, M.B., F.R.C.P.(C)
Head, Department of Radiation Oncology

SCHOOL OF RADIATION THERAPY

Instructor: Janet Garrison

Senior Students: Wendy MacNaughton
Jean MacDonald

Junior Students: Wendy Fiander
Paula Ellsworth
Cathy Usher

The past year has been a challenging and rewarding one. With the ever changing faces of modern radiation therapy technology. so also the school must maintain national standards. Thus the school has an on-going involvement with the Syllabus of Training Revisions and this year as well, a revision of the students' log book (students' record of clinical experience)

The school is affiliated with the Princess Margaret Hospital for student didactic sessions. To ensure effective articulation of all facets of the training program, a two day Clinical Instructors meeting was held in April 1984 in Toronto for P.M.H. and affiliate clinics.

The students receive their practical training in Therapy at the Foundation as well as supplementary tutorials and observation of the patient in consultative, follow-up and chemotherapy clinics. The studetns also rotate to other disciplines - Radiology, Nuclear Medicine and Cytotechnology and, in turn, the students from these disciplines spend a day of observation at the Foundation.

The students participate in the Victoria General Hospital Health Science Schools Orientation. The students are given the opportunity to attend N.S.S.M.R.T. Education Seminars, Foundation Technology Upgrading and Cancer Advancement Sessions. The senior students submit papers in the N.S.S.M.R.T. essay competition.

Congratuations to Alice Verge on her award winning paper entitled "Acute Lymphocytic Leukemia".

On September 6, 1984 the second Graduation under the auspices of the Cancer Foundation was held. The graduates, Alice Verge and Maureen Urquhart, successfully completed their C.A.M.R.T. certification examinations in late September, 1984.

The instructor is a representative on the Library Committee which is replacing the out-of-date books with recent publications. This is a definite benefit to the students.

Mrs. J. Garrison, R.T.(T)
Clinical Instructor
School of Radiation Therapy Technology.

Division of Surgery

Dr. G. Bethune - *Co-ordinator*
Dr. A. Bodurtha
Dr. C. Budgen
Dr. A.S. MacDonald
Dr. A.C. MacDonald
Dr. P. McDermott
Dr. S.T. Norvell
Dr. B.J. Steele

A number of meetings were held this year with Doctor White and Doctor Thompson with respect to clinical trials.

Two issues were addressed in these meetings, as follows:-

It was agreed that Mrs. Bernice Chatt, who has been the Clinical Trials Secretary for the Department of Surgery for the past number of years, will have her office transferred to the main floor of the Cancer Treatment Foundation. In addition to this, a number of guidelines were set down for her activities, which have been incorporated in a letter to Doctor Thompson, Doctor White and Doctor Perey.

In addition to the above, the second major activity of the Surgery Department Clinical Coordinator has been to take part in the organization of a Clinical Research Coordinating Committee. After a number of meetings, committee structure has been devised which involves a core committee a "complete committee". A number of clinical trial committees are functioning, and in Surgery these basically have been derived from what in the past have been called "working committees."

The third activity of the Surgical Coordinator was involved with attempting to set up again a different format for the so-called "Multidisciplinary Cancer Rounds." A number of meetings were held between myself, Doctor Wong, Doctor Wierzbicki, and Doctor White. For a number of reasons beyond our control, the Mutlidisciplinary Cancer Rounds never really got off the ground. This was partially due to difficulty in setting up a suitable time where the surgical residents could be available. Further meetings were held with some of the residents and Doctor Willoughby, and by the time that these negotiations had proceeded to find a reasonable and appropriate time, interest seems to have disappeared. However, it is hoped that this will be begun again this fall.

Insofar as clinical trials in the Department of Surgery are concerned, Doctor MacDonald and Doctor Bodurtha are continuing with a number of clinical trials involving post-menopausal breast cancer patients.

All in all, the surgical participation in the Foundation appears to be progressing as usual. We feel in general, that the budget in the future must be increased to allow for non out-side funded clinical trials, and further assistance in research projects carried out at present with assistance from the Department of Surgery Fund.

TECHNICAL DEPARTMENT

Chief Technologist: Lynda Burgess

Supervisors: Marlene Smith
Carléen Wagner

Technologists: Bonnie Eldershaw
Kim Day
Nancy Alexander
Debra Sawatsky
Gwen Cottreau
Christie Stevenson
Maureen Urquhart
Alice Verge

The Technical Department has been working to fulfill their role in caring for the cancer patient. Since the technologists treat the patients for a prescribed course of therapy, they assist in the daily medical and/or psychological needs towards radiation therapy. The average number of daily patients treated is 90. In regards to pediatric radiation, the department has worked with the Psychology Department at the Izaak Walton Killam Hospital for Children. This has enabled children and their families to become familiar with radiation therapy. Therefore, the fears and apprehension of the family and child are minimized prior to therapy.

Through pre-arrangements, the department has conducted various informational tours for the schools, nursing department and organizations. This has enhanced public education of radiation therapy and the cancer patient.

Technologists have attended various educational lectures dealing with research, chemotherapy treatment techniques, and diet of the cancer patient. At the regular monthly meetings, the department dicusses treatment techniques, departmental policies and improvements. In conjunction with these, weekly oncology rounds and patient review sessions are held with the Radiation Oncologists, Medical Oncologists and a dietitian in attendance.

As the Foundation operates a training school, the department assists in the clinical training of future technologists. This is achieved through daily guidance, evaluation and instruction.

Unique designs formulated by the Physics Department have allowed the Technical Department to provide whole body radiation by 5 MeV electrons, individualized mounted shielding for patients requirements and an improved film screen system for patient verification of treatment.

DISTRIBUTION OF NEW CANCERS BY SITE, SEX AND AGE GROUP — 1981, 1982, 1983

SITE	CODE	Sex	0-9			10-19			20-29			30-39			40-49			50-59			60-69			70-79			80-89			90			Total		
			81	82	83	81	82	83	81	82	83	81	82	83	81	82	83	81	82	83	81	82	83	81	82	83	81	82	83	81	82	83	81	82	83
Lip	140	M								1			2	1	1			2	1		3	8	4	2	3	6	6	2	3	3	3	2		3	16	20	29
		F							1												2				1			1			1			4	—	3
Tongue	141	M								1						3			1	1	3	3	5			2	5	1	2					12	11	4
		F																	1		3	1	1	2			1			1			8	2	2
Salivary Gland	142	M								1	1							1			1			1			2			1		1	3	2	4
		F																							1	2							3	2	1
Gum	143	M												1		1						1						2			1			—	2	2
		F										1				1						1											1		
Floor of Mouth	144	M										1						2	1	1	4	2	1	1	1	3	1	1				1		8	58	
		F																1	1										1				1	2	1
Other & Unspecified parts of Mouth	145	M										1			1	1		2	2			4	3					1		1	1	1	2	10	7
		F										1						2			1			1		1								4	1	1
Oropharynx	146	M																	2	4	1	3	1		1		2	1					1	7	6
		F														2																	1	—	3
Nasopharynx	147	M												2				1		1	1	3	2			1				1			2	6	3
		F													2						2	1				1							5	1	—
Hypopharynx	148	F													2					1	2	3	3		2	2	1	1						3	5	6
Pharynx Unspecified	149	M													2					2	2	1					1							5	1	—
		F														1		1															1	1	2
Esophagus	150	M													2	2	2	5	4	3	4	9	10	1	5	7	4	2	2				1	22	24
		F													1		1			2	1	1	2	2	2	1	2	1	1			1	6	4	9
Stomach	151	M								1			2		5	1	4	7	12	11	20	20	26	12	16	20	6	5	5	1			53	55	70
		F			1			1			1			2	2	2	1	5	4	4	8	9	9	9	11	9	8	8	8	3		2	35	36	34
Small Intestine (including Duodenum)	152	M													1	1	1				1		4										2	1	5
		F										1						1				3		2	2	1			1				1	5	5
Large Intestine (Except Rectum)	153	M							1	2	6	4	1	7	9	7	15	20	18	31	35	34	35	44	38	19	14	15	4	*6	2	117	133	118	1
		F			1				1		2	4		7	5	7	18	19	25	35	39	33	38	29	43	26	29	26	2	4	11	129	131	145	
Rectum & Rectosigmoid Junction	154	M							1			2	5	6	4	1	14	11	14	20	27	26	30	28	19	8	7	8			*2	87	80	75	2
		F										1	1	2	4	4	8	11	9	13	20	13	14	7	11	5	9	6	3	1	*3	45	51	47	1
Liver & Intrahepatic Bile Ducts	155	M								1							1		1		1	3	1	2	3	3	2						6	6	6
		F															1						3	1	1								1	2	3
Gallbladder & Bile Ducts	156	M													1			1			2	1	5	3	2	2	1						7	4	7
		F																			1	3	5			7		2	1			1	5	13
Pancreas	157	M				1						1			1	2	4	4	8	7	5	8	10	8	10	10	3	2	4	2			24	31	35
		F													2	2	2	2	2	9	9	9	7	6	7	5	4	3	3			1	23	23	27
Peritoneum and Retroperitoneal Tissue	158	M													1	1		1	2	1		1		1		1							2	1	3
		F										1			1			1			1					1			1	*1		2	2	2	1
Unspecified Digestive Organs	159	M																				1	1		1	3						—	2	4	
		F													1	1				1		1	1				1	1					—	2	4	
Nose, Nasal Cavities, Middle Ear and accessory sinuses	160	M										1							1			3		1	1	1							1	5	2
		F																1	1	1		2			1	1							1	4	2
Larynx	161	M											1	3	6	3	12	9	6	13	16	9	6	9	12	1	1	2	1	*1		36	42	2	1
		F													2	2	1	2	1	2	2	2						1				3	6		
Trachea-Bronchus & Lung	162	M					1	1	1			2	2	3	10	16	16	53	47	88	96	121	125	72	79	110	21	16	19	1	*8		256	286	342	1
		F								1	1	2	2	3	9	8	13	16	27	34	29	34	37	13	29	29	3	3	8	1		1	72	103	125	
Pleura	163	M																	1		1		2			1							1	1	3	
		F																					—	—	—	1	1								
Thymus, Heart & Mediastinum	164	M						1				1					2			1					1	1							1	1	6
		F						1				1					2			1					1	1							1	1	6
Other and unspecified respiratory organs	165	M																				1											—	—	—
		F																															—	1	—
Blood & Bone Marrow	169	M	2	3	6	3	3	3	3	1	2	2	1		1	1	1	6	6	8	13	17	19	9	4	10	2	6	3	1	1	*1	42	43	53	
		F	1	3	3		1	1		2	2		2	1	1	1	6		3	5	5	8	11	7	13	5	5	4	1	*1	*1	18	42	38	1
Bone	170	M					3						1	1		1				1		1			1							—	7	2	
		F	1			1	1			1	1	1	1	2	1	2			1							2	2		1			5	5	6	
Connective and other soft tissue	171	M				1			1	1	1	2	1	1	1	1			1	1	2		1	3	1			1		1		7	7	8	
		F							1	1			1	1	1	2	1	2	2	1		4	2	1		2		2	1				4	9	9	
Skin	173	M					1	1	4	6	3	14	14	19	12	32	55	51	82	80	81	123	130	74	89	127	30	40	42	5	*14	*24	271	421	481	3
		F					1	3	8	5	3	27	24	24	24	40	35	31	60	58	58	70	97	42	72	70	29	44	58	12	*12	*19	226	326	368	3
Breast	174	F				1	1		2			30	30	17	44	58	58	71	91	81	78	97	86	86	71	89	30	26	25	3	2	7	319	376	336	
Male Breast	175	M																1		1		1	2			1							1	2	4	
Uterus, NOS	179	F										2								1		1	1										6	—	—	
Cervix uteri	180	F				2	6	4	36	78	86	61	90	75	27	28	28	12	21	13	14	14	12	6	7	9	2	2	1				158	232	230	
Placenta	181	F												1																			—	—	1	
Corpus Uteri	182	F								1	1		3	3	3	3	4	13	17	14	15	34	31	6	23	15	1	5	4	1	1	1	39	87	73	
Ovary, Fallopian Tube & Board Ligament	183	F					2	1	2	1	4	6	3	1	3	6	7	9	12	13	18	13	22	11	12	11	3	6	5		*2		51	57	64	2
Other and Unspec. Female Genitals	184	F								2	1		3	1		2	3	4		3	1	5	1	5	7	3	4	3	3				14	22	15	
Prostate	185	M												1		2	2	6	18	13	42	69	53	62	86	98	32	50	39		4	*2	141	229	208	1
Testis	186	M				2		1	8	4	9	9	8	2	3	2	1	1		2		1		1									24	15	15	
Other and Unspecified Male Genitals	187	M																	1	1			5	1	3	2							1	4	8	
Urinary Bladder	188	M										3		2	3	5	2	11	11	16	27	32	33	29	37	34	11	12	9	3	1	*4	87	98	100	3
		F								1		1			2	1	1	3	5	4	8	6	7	8	12	11	2	6	7	2			27	32	30	
Kidney & Other Urinary Organs	189	M										1	1	3	1	3	2	7	13	8	6	12	13	7	11	6	3	3					25	43	32	
		F		1	1				*2		2	2	1		1	2	2	3	8	2	4	11	6	3	8	6	3	5	4		1	1	18	37	24	
Eye & Lacrimal Glands	190	M		1										1				3	1	2		1	2		2	1		1					—	6	9	
		F																	1	1		3		1	1	2							2	5	3	
Brain	191	M	1	4	3			3	4	3	1	3	1	1	4			2	5	3	8	7	3	2	3	5							24	23	19	
		F		4	1	3	1	1		1	1	2		4		1	3	3	4	3	4	5	7		2	2		2					12	20	22	
Other & Unspecified parts Of the Nervous System	192	M	1							1					1																		3	—	—	
		F				1				1																1							2	—	1	
Thyroid Gland	193	M												3	2	1	3	1	2			2	2	1		1		2					4	7	9	
		F				1	1	2	3	4	2	1	4	6	1	3	1	4	1	3	2	4	1	2		2	1						15	17	17	
Other Endocrine Glands	194	M		1											1																		1	1	—	
		F																			1		1										1	—	1	
Other Ill Defined Sites	195	M																															—	—	—	
		F																															—	—	—	
Lymph Nodes	196	M		1	2	2	6	7	3	6	7		5	7	5	3	6	5	6	8	14	16	12	2	9	13	5	5	4		1		34	58	64	1
		F					4	1	2	2		2	3		3	5	2	3	5	9	7	8	9	4	7	7	3	5	6		*1	*2	28	40	38	
Unknown Primary Sites	199	M													1	1	2	2	3	6	7	5	10	13	3	9	13		3	4			10	29	38	
		F						1			2		2		1	1	1	2	1	3	8	3	13	6	1	8	5		4	4		*3	*1	8	34	26	1
Total All Sites		M	4	10	12	7	14	17	25	28	26	45	43	54	71	102	124	214	291	295	407	561	581	384	478	560	186	175	160	19	36	40				
		F	2	8	6	10	19	16	58	86	115	131	186	141	136	172	186	218	306	304	324	421	415	253	333	324	134	178	184	32	29	53				
Total			6	18	18	17	33	33	84	122	141	176	229	195	207	274	312	430	588	599	731	982	976	637	811	884	320	353	344	51	65	93	2609	3443	3585	

* Unstated Age Numbers Indicated on Side Included in 80 - Age Category

INCIDENCE OF CANCER PER 100,000 POPULATION 1981, 1982, 1983

	Total Population (1)						Population at Risk (2)					
	1981		1982		1983		1981		1982		1983	
Site	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Lip	3.8	0.9	4.8	--	4.7	0.7	10.1	2.0	12.8	—	13.4	1.9
Tongue	2.9	1.9	2.6	0.5	0.9	0.5	7.9	5.2	7.8	1.3	2.8	1.3
Salivary Gland	0.7	0.7	0.5	0.5	0.9	0.2	2.2	2.0	0.7	1.3	2.1	0.6
Gum	—	—	0.5	0.5	—	0.5	—	—	1.4	1.3	—	0.6
Floor of Mouth	1.9	0.2	1.2	0.5	1.4	0.2	5.8	0.7	3.6	1.3	3.5	0.6
Other & Unspecified Parts of Mouth	0.5	0.9	2.4	0.2	1.7	0.2	1.4	2.6	6.4	—	4.9	0.6
Oropharynx	0.2	0.2	1.7	—	1.4	0.7	0.7	0.7	5.0	—	4.2	1.9
Nasopharynx	0.5	1.2	1.4	0.2	0.7	—	1.4	3.3	4.3	0.6	2.1	—
Hypopharynx	0.7	0.2	1.2	—	1.4	0.7	2.2	0.7	3.6	—	4.2	1.9
Pharynx Unspecified	0.2	0.2	0.2	—	0.5	—	0.7	0.7	0.7	—	1.4	—
Esophagus	3.8	1.4	5.2	0.9	5.7	1.9	11.6	3.9	15.7	2.6	16.9	5.0
Stomach	12.6	8.2	13.1	8.2	16.6	7.9	36.8	22.8	38.5	21.8	47.8	20.1
Small Intestine (Including Duodenum)	0.5	0.2	0.2	1.2	1.2	1.2	1.4	—	0.7	3.2	3.5	1.9
Large Intestine (Except Rectum)	27.9	30.2	31.6	30.5	27.9	33.5	80.1	82.6	91.3	80.0	80.1	92.3
Rectum & Rectosigmoid Junction	16.0	10.5	19.0	11.9	17.7	10.9	48.4	28.6	56.3	32.0	51.3	28.9
Liver & Intrahepatic Bile Ducts	1.4	0.2	1.4	0.5	1.4	0.7	4.3	0.7	4.3	1.3	3.5	1.9
Gallbladder and Bile Ducts	1.7	0.2	1.0	1.2	1.7	3.0	5.1	0.7	2.9	3.2	4.9	8.2
Pancreas	5.7	5.4	7.4	5.4	8.3	6.2	16.6	15.0	21.4	14.7	24.6	17.0
Peritoneum and Retroperitoneal Tissue	0.5	0.5	0.2	0.5	0.7	0.5	1.4	1.3	0.7	0.6	2.1	1.3
Unspecified Digestive Organs	—	—	0.5	0.5	0.9	0.9	—	—	1.4	1.3	2.8	2.5
Nose, Nasal Cavities, Middle Ear & Sinuses	0.2	0.2	1.2	0.9	0.5	0.5	0.7	0.7	2.9	2.6	1.4	1.3
Larynx	8.6	0.7	10.0	1.4	7.8	1.4	26.0	2.0	30.0	3.8	22.5	3.8
Trachea, Bronchus and Lung	61.0	16.8	68.4	24.0	80.9	28.9	182.7	45.5	203.3	64.0	236.8	76.0
Pleura	0.2	—	0.2	—	0.7	—	0.7	—	0.7	—	2.1	—
Thymus, Heart & Mediastinum	0.5	0.2	0.5	0.2	1.2	1.4	0.7	—	0.7	0.6	2.1	2.5
Other & Unspecified Respiratory Organs	—	—	0.2	—	—	—	—	—	0.7	—	—	—
Blood and Bone Marrow	10.0	4.2	10.2	9.8	12.5	9.0	23.1	11.1	25.0	21.8	30.2	19.5
Bone	—	1.2	1.7	1.2	0.5	1.4	—	2.0	2.1	1.9	0.7	1.9
Connective & Other Soft Tissue	1.7	0.9	1.7	2.1	1.4	2.1	3.6	2.0	3.6	5.8	2.1	5.0
Skin	64.6	52.8	100.0	76.4	113.8	85.1	182.7	127.4	285.3	190.7	322.6	212.3
Breast	—	74.6	—	87.6	—	78.2	—	189.9	—	220.7	—	199.1
Male Breast	0.2	—	0.5	—	0.9	—	0.7	—	1.4	—	2.8	—
Uterus, Nos	—	1.2	—	—	—	—	—	2.0	—	—	—	—
Cervix Uteri*	—	36.9	—	54.0	—	53.2	—	53.9	—	76.6	—	75.0
Placenta	—	—	—	—	—	0.2	—	—	—	—	—	—
Corpus Uteri	—	9.1	—	20.3	—	16.9	—	25.4	—	53.1	—	43.3
Ovary, Fallopian Tube and Broad Ligament	—	11.9	—	13.3	—	14.8	—	28.0	—	32.6	—	37.1
Other & Unspecified Female Genital Organs	—	3.3	—	5.1	—	3.5	—	9.1	—	10.9	—	8.2
Prostate	33.6	—	54.4	—	49.2	—	101.8	—	163.3	—	145.5	—
Testis	5.7	—	3.6	—	3.5	—	3.6	—	2.1	—	2.1	—
Other & Unspec. Male Genitals	0.2	—	1.0	—	1.9	—	0.7	—	2.9	—	5.6	—
Urinary Bladder	20.7	6.3	23.3	7.5	23.7	6.9	60.6	16.3	69.9	20.5	68.9	18.8
Kidney and Other Urinary Organs	6.0	4.2	10.2	8.6	7.6	5.6	17.3	9.1	30.0	22.4	20.4	13.2
Eye & Lacrinal Gland	—	0.5	1.4	1.2	2.1	0.7	—	1.3	3.6	3.2	5.6	1.9
Brain	5.7	2.8	5.5	4.7	4.5	5.1	11.6	4.6	10.7	9.0	7.7	9.4
Other & Unspec. Parts of Nervous System	0.7	0.5	—	—	—	0.2	0.7	—	—	—	—	0.6
Thyroid Gland	1.0	3.5	1.7	4.0	2.1	3.9	2.9	6.5	5.0	5.1	4.2	4.4
Other Endocrine Glands	0.2	0.2	0.2	—	—	0.2	0.7	0.7	0.7	—	—	0.6
Other Ill-Defined Sites	—	—	—	—	—	—	—	—	—	—	—	—
Lymph Nodes	8.1	6.1	13.8	9.3	15.1	8.3	22.4	13.0	28.5	19.8	28.8	22.0
Unknown Primary Sites	2.4	1.4	6.9	7.9	9.2	6.0	7.2	3.9	20.7	20.5	27.4	14.4
Total — All Sites	312.9	302.9	412.5	402.3	435.1	404.0	888.8	774.4	1172.6	1019.8	1215.7	1025.8
Total — All Sites (Both Sexes)	307.9		407.3		419.4		828.5		1092.1		1115.4	

Notes:

(1) Total Population based on the estimated population of Nova Scotia.
(2) Population at Risk is 40 years of age or older except for * 20 years of age and older.
(3) Adjustments have been made for cases reported, for any particular year since previous annual report.

CANCER TREATMENT AND RESEARCH FOUNDATION OF NOVA SCOTIA
FINANCIAL STATEMENTS

Year Ended March 31, 1985

AUDITOR'S REPORT

To the Chairman and Members
of the Cancer Treatment and
Research Foundation of Nova Scotia

I have examined the balance sheet of the Cancer Treatment and Research Foundation of Nova Scotia as at March 31, 1985 and the statements of general fund revenue and expense and continuity of special fund for the year then ended. My examination was made in accordance with generally accepted auditing standards and accordingly, included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Foundation as at March 31, 1985 and the results of its operations for the year then ended in accordance with the accounting policies set out in Note 1 to the financial statements, applied on a basis consistent with that of the preceding year.

O.P. Cormier, F.C.A.
Auditor General

Halifax, Nova Scotia
July 26, 1985

BALANCE SHEET
As at March 31, 1985

ASSETS

	1985	1984
General Fund		
Cash	$ 43,773	$ 119,585
Short term investments	417,240	230,875
Accounts receivable	369,386	438,514
Employee advances	4,445	2,610
Prepaid expenses	99,745	13,404
Due from Province of Nova Scotia Year end settlement account (Note 2)	116,424	1,267
	$ 1,051,013	$ 806,255
Special Fund		
Cash	$ 20,434	$ 25,013
Short term investments	135,783	62,013
Accrued interest	27,056	1,686
Due from General Fund	3,143	10,474
	$ 186,416	$ 99,186

APPROVED ON BEHALF OF THE FOUNDATION

_____
Chairman

_____
Member

LIABILITIES AND FUND BALANCES

	1985	1984
General Fund		
Accounts payable and accrued liabilities	$ 937,670	$ 687,081
Unearned income	110,200	108,700
Due to Special Fund	3,143	10,474
	$ 1,051,013	$ 806,255
Special Fund		
Radiation Oncology Trust Fund	$ 9,119	$ 8,948
Tumor Clinic Research Fund	2,791	2,791
Trial Fund	11,000	7,000
Chemotherapy Fund	26,612	—
Unrestricted Funds	136,894	80,447
	$ 186,416	$ 99,186

GENERAL FUND
STATEMENT OF REVENUE AND EXPENSE

For The Year Ended March 31, 1985

	1985	1984
Revenue		
Nova Scotia Department of Health		
Insured services	$2,592,000	$2,426,500
Furniture and equipment	127,382	478,927
Hospital services	1,061,053	562,180
Non-insured services	81,817	57,935
Other	9,911	38,295
	3,872,163	3,563,837
Expense		
Nursing services	571,130	368,383
Technical services	310,096	259,120
Laboratory services	74,018	55,418
Radiation Oncology services	393,333	336,297
Medical Oncology services	165,382	97,307
School services	22,319	20,242
Medical Physics	626,499	561,367
Health Records	566,739	444,292
Clinic Administration	672,935	460,223
Administration	366,746	422,212
Data Processing	92,008	—
Special projects	—	29,546
Special Maintenance	—	31,770
Capital Equipment	127,382	478,927
	3,988,587	3,565,104
Shareable deficit	$ (116,424)	$ (1,267)

CONTINUITY OF SPECIAL FUND

For The Year Ended March 31, 1985

		Radiation Oncology Trust Fund	Tumor Clinic Research Fund	Trial Fund	Chemotherapy Fund	Unrestricted Funds	Total
Balance, beginning of year		$ 8,948	$ 2,791	$ 7,000	$ —	$ 80,447	$ 99,186
Add:	Donations	715	—	4,000	26,612	11,926	43,253
	Investment income	755	—	—	—	52,712	53,467
		1,470	—	4,000	26,612	64,638	96,720
Less:							
	Bad debt expense	—	—	—	—	8,191	8,191
	Other expense	1,299	—	—	—	—	1,299
		1,299	—	—	—	8,191	29,490
Balance, end of year		$ 9,119	$ 2,791	$ 11,000	$ 26,612	$ 136,894	$ 186,416

NOTES TO FINANCIAL STATEMENTS

March 31, 1985

1. Accounting Policies

These financial statements have been prepared in accordance with generally accepted accounting principles modified by the policy of charging furniture and equipment purchases to expense in the year of acquisition. This expense is charged to the General Fund.

2. Due from the Province of Nova Scotia

The year end settlement account reflects the net accumulated deficit in the General Fund due from the Province of Nova Scotia.

The balance due from the Province at year end is dependent upon the approval of the Department of Health based upon their review of the Foundation's financial statements and accounting records.